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PTO/SB/01 (12-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	9/269
First Named Inventor	Ulrich W. DREES
COMPLETE IF KNOWN	
Application Number	10 / 720,550
Filing Date	November 24, 2003
Group Art Unit	To be assigned
Examiner Name	To be assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TREATMENT OF HIV INFECTION THROUGH COMBINED ADMINISTRATION OF
TIPRANAVIR AND CAPRAVIRINE**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) **11/24/2003**

as United States Application Number or PCT International

Application Number **10720,550** and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

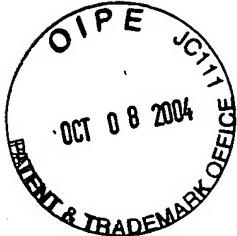
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 385(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number _____ → Place Customer Number Bar Code Label here
OR

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Anthony P. Boltino	41,829
Michael P. Morris	34,513	Susan K. Pochiari	45,016
Mary-Ellen M. Devlin	27,928	Philip I. Datlow	41,482
Alan R. Stempel	28,991	David A. Dow	46,124
Timothy X. Witkowskl	40,232		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label **28509** OR Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle if any) _____ Family Name or Surname _____

Ulrich Walter DREES

Inventor's Signature *Ulrich Walter Drees* Date **09/14/04**

Residence: City Ingelheim State _____ Country _____ Germany Citizenship DE

Post Office Address _____

Post Office Address Binger Strasse 173

City Ingelheim State _____ ZIP 55216 Country _____ Germany

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)	Family Name or Surname		
Douglas Lytle	MAYERS		
Inventor's Signature	Date		
Residence: City Newtown	State CT	Country US	Citizenship US
Mailing Address			
Mailing Address 9 Oak Ridge Drive			
Newtown	State CT	Zip 06470	Country US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)	Family Name or Surname		
Scott	MCCALLISTER		
Inventor's Signature	Date		
Residence: City Westport	State CT	Country US	Citizenship US
Mailing Address			
Mailing Address 900 Ridgebury Road			
City Ridgefield	State CT	Zip 06877	Country US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Inventor's Signature	Date		
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Mailing Address			
Mailing Address			
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Docket No. 9/269

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Michael P. Morris	34,513	Susan K. Poochliari	45,016
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Alan R. Stempel	28,991	David A. Dow	46,124
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Address			
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Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle if any)	Family Name or Surname
Ulrich Walter	DREES

Inventor's Signature				Date		
Residence: City	Ingelheim	State	Country	Germany	Citizenship	DE
Post Office Address						
Post Office Address	Binger Strasse 173					
City	Ingelheim	State	ZIP	55216	Country	Germany

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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PATENT & TRADEMARK OFFICE
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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned Inventor		
Given Name (first and middle (if any)	Family Name or Surname		
Douglas Lytle	MAYERS		
Inventor's Signature <i>Douglas L. Mayers</i>	Date 3 Oct 04		
Residence: City Newtown	State CT	Country US	Citizenship US
Mailing Address			
Mailing Address 9 Oak Ridge Drive			
City Newtown	State CT	Zip 06470	Country US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned Inventor		
Given Name (first and middle (if any)	Family Name or Surname		
Scott	MCALLISTER		
Inventor's Signature <i>Scott McAllister</i>	Date 24 Sep 04		
Residence: City Westport	State CT	Country US	Citizenship US
Mailing Address			
Mailing Address 900 Ridgebury Road			
City Ridgefield	State CT	Zip 06877	Country US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned Inventor		
Given Name (first and middle (if any)	Family Name or Surname		
Inventor's Signature	Date		
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